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FACSIMILE COVER SHEET

TO:	Examiner Regina M. Deberry Group Art Unit 1647 U.S. Patent and Trademark Office		
FROM:	Lawrence S. Perry		
RE:	U.S. Application No.: 10/616,942 Our Docket No. 01997.017300.2		
FAX NO.:	(703) 872-9306		
DATE:	August 30, 2004	NO. OF PAGES:	7
		<small>(including cover page)</small>	
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MESSAGE

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In re Application of:

Docket No. 01997.017300.2

SEISHI KATO ET AL.

Application No.: 10/616,942

Examiner: Regina M. DeBerry

Filed: July 11, 2003

Group Art Unit: 1647

For: HUMAN PROTEINS HAVING
TRANSMEMBRANE DOMAINS
AND cDNAs ENCODING
THESE PROTEINS

Date: August 30, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

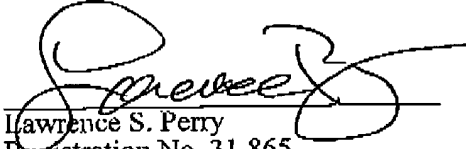
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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 24	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 7	MINUS	*** 7	=	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145 ^o /\$290						Previously Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
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 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Lawrence S. Perry
Registration No. 31,865
Attorney for Applicants

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01997.017300.2

PATENT APPLICATIONIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SEISHI KATO ET AL.

Application No.: 10/616,942

Filed: July 11, 2003

For: HUMAN PROTEINS HAVING
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THESE PROTEINS

Examiner: Regina M. DeBerry

Group Art Unit: 1647

August 30, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

Sir:

Further to the Response to Restriction Requirement filed June 18, 2004,
please amend the above-identified application as follows.

I hereby certify that this correspondence is being sent via facsimile to
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

August 30, 2004

(Date of Facsimile)

Lawrence S. Perry, Registration No. 31,865
(Name of Attorney for Applicant)

Signature

August 30, 2004

Date of Signature